

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>09731703</u>	FILING DATE <u>02-12-01</u>					
APPLICANT(S)							CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3	1	1					53						
4							54						
5							55						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	↙		↙		↙		TOTAL IND.	↙		↙		↙	
TOTAL DEP.		↘		↘		↘	TOTAL DEP.		↘		↘		↘
TOTAL CLAIMS							TOTAL CLAIMS						